

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

FEB 27 1991

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NED007267859

II. Name of Installation (Include company and specific site name)

COLUMBUS HYDRAULICS CO

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

12th Ave & 17th St

Street (continued)

City or Town

Columbus

State

ZIP Code

NE 68602-

County Code

County Name

Platte

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Box 250

City or Town

Columbus

State

ZIP Code

NE 68602-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

FALTY

(first)

RONALD

Job Title

ENGINEERING MGR

Phone Number (area code and number)

402-564-8544

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒☐

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COLUMBUS HYDRAULICS CO

Street, P.O. Box, or Route Number

Box 250

City or Town

Columbus

State

ZIP Code

NE 68602-

Phone Number (area code and number)

402-564-8544

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

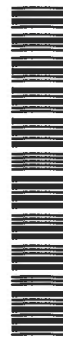
No

(Date Changed)

Month

Day

Year

R00034221
RCRA Records Center

[illegible]

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

B. Used Oil Fuel Activities

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Generator (See Instructions)
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) | <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
<input type="checkbox"/> 4. Hazardous Waste Fuel
<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. Other Marketers
<input type="checkbox"/> c. Burner - indicate device(s) -
Type of Combustion Device
<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> 3. Industrial Furnace | <input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Burner - indicate device(s) -
Type of Combustion Device
<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> 3. Industrial Furnace |
| <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)
<input type="checkbox"/> a. For own waste only
<input type="checkbox"/> b. For commercial purposes
Mode of Transportation
<input type="checkbox"/> 1. Air
<input type="checkbox"/> 2. Rail
<input type="checkbox"/> 3. Highway
<input type="checkbox"/> 4. Water
<input type="checkbox"/> 5. Other - specify | <input type="checkbox"/> 5. Underground Injection Control | <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxic (D000) (List specific EPA hazardous waste number(s) for the Toxic contaminant(s))

[illegible]

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1			
7			

2			
8			

3			
9			

4			
10			

5			
11			

6			
12			

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>John M. Cimpl</i>	Name and Official Title (type or print) <i>V.P.</i>	Date Signed <i>2-26-91</i>
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)